MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
0 9 5 4 1, 4 6 2	

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					l		51						
2					—		52						
3						l	53						
4						l	54						
5						l	55						
6						l	56						
7						l	57						
8						—	58						
9						—	59						
10						—	60						
11						—	61						
12						—	62						
13						l	63						
14						l	64						
15						l	65						
16					l		66						
17						—	67						
18						—	68						
19						—	69						
20						—	70						
21						—	71						
22						—	72						
23						—	73						
24						—	74						
25						—	75						
26						—	76						
27						—	77						
28						—	78						
29						—	79						
30						—	80						
31						—	81						
32						—	82						
33						—	83						
34						—	84						
35						—	85						
36						—	86						
37						—	87						
38						—	88						
39						—	89						
40						—	90						
41						—	91						
42						—	92						
43						—	93						
44						—	94						
45						—	95						
46						—	96						
47						—	97						
48						—	98						
49							99						
50							100						
TOTAL IND.		↵		↵	2	↵	TOTAL IND.		↵		↵		↵
TOTAL DEP.					8		TOTAL DEP.						
TOTAL CLAIMS					/0		TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS*   U.S. DEPARTMENT of COMMERCE
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